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ORIGINAL COMMUNICATIONS.

ARTICLE I.—*A Case of Eclampsia.* Read before the Esculapian Society, at the semi-annual meeting held in Marshal, May, 1855. By D. W. Stormont, of Grandview, Ill.

THE following case of Puerperal Convulsions is reported to the society, solely for the purpose of eliciting discussion as to the best treatment, in this somewhat rare, but very dangerous disease.

Was called to the country in the forenoon of April 9th, 1855, to visit Mrs. B. in labor with her first child; age 19, rather short, squarely built, short thick neck, florid complexion, dark hair and eyes. Ascertained the labor had set in about midnight. On examination, found the general condition of the patient normal; and the labor well advanced in the second stage, the head occupying the pelvic cavity. The pains, however, were irregular, and the case progressed slowly. She was delivered, between 12 and 1 o'clock, P. M., of a healthy male child, medium size. For more than an hour previously, while the head was engaged at the inferior strait and at the os externum, the patient was very restless, and complained much of the pains, which were, generally, not expulsive, but rather tetanic in their character. There was no nausea, no perspiration about the face or thorax, and, in answer to the

direct question, said she had no headache. After the birth of the child, she expressed herself as feeling quite easy, and conversed cheerfully. Traction at the cord showed the placenta still adherent. After waiting fifteen or twenty minutes—as is my custom frequently, where delay is not contra indicated,—and the pains not returning, I applied frictions over the fundus uteri. Violent contractions soon came on, and with them the extreme restlessness of the patient. She now complained, for the first time of severe headache, and was soon after thrown into violent convulsions. Ordered cold water to the head and face. Running the finger up the cord, I found the placenta engaged in the mouth of the womb, and hooking into it, extracted it immediately. The convulsions lasted about one minute. As soon as we could get things ready, I bound up the arm preparatory to bleeding. She was now lying in a semi-comatose condition, pulse slow, full, strong,—face flushed, purpleish,—breathing heavy. Had her raised partially erect, and succeeded in getting a full stream from a large orifice. Bled to sickness and entire consciousness. Ordered cold water to be applied to the head assiduously, sinapisms to the extremities. Gave calomel gr. xxv., Pulv. Rhei x. gr. One hour afterwards the headache returned severely. Had her raised to the erect posture, opened the vein, and again bled to sickness. Face pale—headache almost gone—feels better. Ordered a tablespoonfull of castor oil to be given in an hour, and repeated hourly until it operates.

Same day, 6 o'clock, P. M.—Has had six fits since I left—lies stupid; can be roused to consciousness for a moment only. Applied cups to back of neck and temples, but the fits returning, had to desist. Gave one drop of croton oil and repeated it at intervals until the bowels were freely moved twice about 10 o'clock; dejections dark green. In the meantime, sent for Dr. Steele in consultation. The attacks continued to recur, and were increasing in frequency and intensity. The intervals more or less comatose; face and eyes bloated; patient unable to speak when aroused. Dr. S. now recommended forty drops of laudanum to be given every two or three hours, until the convulsions ceased, and continue cold water to the head and sinapisms to the extremities. I remained

with the patient all night; and gave the laudanum every two hours. After taking the third dose, or about 4 o'clock, A.M., she passed from the stupor, in which she had been lying in the intervals, into a quiet sleep, which lasted about three hours. No return of the convulsions, of which she had twenty in fifteen hours; pupils dilated, countenance dull and heavy, skin moist, pulse 110, full, soft, compressible. Ordered the laudanum to be given if the fits returned or she became restless, and cold to the head unremittingly.

10th, 6 o'clock, P. M.—No return of the convulsions; has slept nearly all day; breathing natural; pulse 70; some fullness, but soft and compressible; skin moist; pupils not dilated; seems to be rational, but can not speak. The bowels not having been open since 11 o'clock last night, directed calomel and jalap, aa gr. x., to be repeated in three hours, and followed by castor oil, if necessary—Laudanum to be given pro re nata.

11th, 9 o'clock, A.M.—Rested well all night; medicine operated freely about midnight, dejections dark and offensive; pulse 70, soft; countenance still, somewhat dull; Converses some—head cool; but aches a little; feels sore all over; inclines to lie on the back with the knees drawn up. Tenderness on pressure over the uterus. Strong mercurial tector on the breath; disowns the child. R. Pulv. Doveri, gr. viii—every four hours—poultice of wheat bran and hops to the bowels, to be renewed every three hours.

12th, 10 o'clock, A. M.—Decidedly better. Has some appetite; countenance good; pulse 78; soft; skin moist; complains of the ptialism; still some little tenderness over the the uturus on pressure, and some headache. Directed an astringent wash for the mouth, a dose of castor oil, and continue prescription as yesterday.

13th,—Still better. Milk coming; manifests some interest in the child to-day, for the first time.

She continued steadily to improve, and I discontinued my visit on the 15th.

Were there no premonitory symptoms of Eclampsia, in this case, which were unheeded; but which should have been met by appropriate treatment, and the attack thus warded off? On inquiring of Mrs. B., after convalescence, she informed me that her health

had been good during gestation, with the exception of a headache, at times, during the last two months, which she ascribed to "cold." But this symptom was not present, until a very short time before the first convulsion, which was twenty minutes or more after the birth of the child. The bladder and rectum were both evacuated freely, just previous to my arrival. The labor was not more tedious than is frequently met with in primiparic, occupying but little over twelve hours. The uterine contractions, during the latter part of the second stage, were of rather a tetanic character, frequently causing loud complaints from the patient, with considerable jactation, and advancing the travail slowly. But this is not unusual with the muscular primiparous female. There was one symptom, however, which, taken in connection with the preceding, pointed to this attack with almost a certainty; that was the want of perspiration about the face and thorax. But it was unaccompanied by any evidence of sanguine determination to the head, as cephalagia, vertigo, &c., and was thus unheeded. I have had two other cases recently, also in primiparous, muscular females, in which the uterine contractions were painful, irregular, and not expulsive, with jactation and no perspiration about the face and thorax, but accompanied, in both cases, with severe headache. A free bleeding promptly relieved all these symptoms in each case, and I verily believe, prevented an attack of Eclampsia.

There is much obscurity as to the cause of this disease. Perhaps we would cover the whole ground, if we would say the puerperal state is the predisposing, and sympathetic reaction upon the brain and nervous system from an irritation of the womb, is the exciting cause.

In the treatment there are some points upon which all are agreed, while upon others we find the strangest diversity of opinion; rendering it difficult often for the inexperienced practitioner to decide at once what course to pursue. For what he does, he must do promptly and decidedly, or he will loose his patient.

Nearly all insist in every case, upon free general bloodletting, with brisk purgatives, cold to the head, revulsives to the extremities, and cupping from the temples or back of the neck, where there is stupor. Here, if the convulsions continue, the paths

diverge. One class, among whom Prof. Meigs stands pre-eminent, strongly insist upon the administration of full doses of opium. Others again, among whom are Dewees, Colombat, and Cazeaux, condemn this practice in most unqualified terms. Cazeaux, in his excellent work on midwifery, &c., translated by Thomas,—page 612, says; “In my estimation, the opiates ought to be wholly banished from the treatment of a disease, which so often terminates in cerebral congestions.” The learned author also tells us, page 608, “But these,” (the encephalic congestion, extravasation or effusion, frequently observed *post mortem*,) “are evidently nothing more than secondary lesions, the effects, not the cause, of the convulsions.” And again, “often this disease leaves no anatomical lesion behind.” Now, if the convulsions are the cause of death, and the lesion observed are the effects, not the cause of the convulsions, a rational treatment would adopt a remedy which would arrest this cause before these effects were produced, and thus remove the danger. Opium, in hypnotic doses, is that remedy. This might be inferred from the known therapeutical properties of this drug, to relieve spasms and quiet irritation. It is also confirmed by experience. But its administration should always be preceded by a free bleeding and brisk purging, with cold to the head, revulsives, &c.

Chloroform, by inhalation, is recommended in this disease. I would not hesitate, in another case, if the convulsions continued after V. S., to administer the anæsthetic in sufficient quantities to arrest the paroxysms; or at least to check their force and frequency until they could be relieved by opium.

Such is an outline of the treatment I would adopt in this frightful disease, where the attack comes on after the completion of labor, or before its commencement. But if labor should set in, or the attack commence during its progress, in addition to this, I would use all proper means to expedite the delivery, and administer chloroform as freely as the safety of the patient would admit, or the frequency of the convulsions demanded.

May 15th, 1855.

ARTICLE II.—*A Case.* By G. W. Parkins, M. D., of Illinois.

About three years since, Mrs. B——, a very respectable lady of Tremont, Tazewell county, Ill., had a severe attack of dysentery, from and after which her catamenia ceased entirely, and so continued for two years, when she was married to Mr. B. At this time her menses returned for two or three times only, then disappeared again. During these two years, there took place a gradual hypogastric enlargement, steadily increasing, but painless, occasioned by what appeared to be a hard tumor in that region. After marriage this tumor grew more rapidly, filling up the umbilical region, and encroaching on the epigastrium, and, as she was affected by none of the ordinary signs of pregnancy, except the abdominal enlargement and the cessation of the menses, both of which existed before marriage, her physician, Dr. Shaw, suspected ovarian dropsy, or uterine disease. He advised her to visit St. Louis for medical advice, and about the middle of June last, Mr. B. accompanied her thither, where she was examined by Dr. Pope, who made an exploratory puncture into the tumor. He decided that it was a fleshy or fibrous development within the womb—that pregnancy might co-exist, but it was not probable, and that there was little or no ground to justify a hope that an operation would be beneficial. In a desponding mood, they now took boat for home. During the first day she had occasional pains in the hypogastrium, which increased in frequency, and severity, till the afternoon of the second day, when they had become so severe that she determined to land at our place, Havana, believing the cause of her sufferings to be the jarring motion of the boat. This was July 2d. One hour after landing, I was called in, and found Mrs. B. far advanced in labor, but *she* did not think she was pregnant at all. She was 39 years-old, and this her first confinement, which I thought accounted for the severe and protracted labor. In two hours Mrs. B. gave birth to a fœtus which appeared to have arrived at full term, but in which life was extinct, the bones of the cranium being much distorted.

But there still existed great abdominal prominence, so much so that my first impression was, that there was another child in utero.

I called in Dr. John McCowen, and after a careful examination, we concluded the extraordinary prominence was owing to the existence of a tumor about the size of an adult head. The most prominent part of the tumor, that wherein the puncture had been made, was tender on touch or pressure, otherwise the patient was easy. But during the four days which she survived parturition, there were no uterine contractions, resembling labor pains; no secretion of milk; pulse 80 per minute and weak, and increasing in number, and weakness, till death closed the scene; the countenance cadaverous; the surface bathed in cold perspiration; hiccough was a prominent and distressing symptom; and finally death supervened, on the 6th of July, under all the characteristic symptoms of mortification of some portion of the abdominal viscera.

Dr. Nastich saw the patient on the 4th, and said there was a second dead child in the womb, which should be removed without delay, to which Mrs. B. did not consent. Therefore we thought best, in self-defence, to institute an autopsy. On laying open the abdominal cavity, the womb was found very much enlarged, occupying the hypogastric and umbilical regions almost completely. In external appearance, it was firm, bilobed, one lobe occupying the fundus, the other, the inferior and anterior portion of the uterus; and in color it was nearly natural, except the interior part of the inferior lobe, which rested down against the os pubis. This was the part punctured, and around the puncture mortification had taken place. The edges of the wound, having taken on malignant action, were putrid, black, very much thickened and everted. The surface was livid and black for the space of four inches in diameter.

From the fundus uteri, there grew or pushed up into the cavity of the abdomen, three tumors about the size of goose eggs, having the peritoneal envelop, common to them and the womb. They were solid, somewhat elastic, and of similar internal construction to the tumor, to which they were attached. The uterus was no where less than one inch thick, and the two principal lobes were four to five, each of which was a fleshy, fibrous mass, of a whitish-yellow, and sometimes of a reddish-yellow appearance, with here and there a small cyst containing a spoonful or less of serum. The mucous membrane of the womb looked healthy, the uterine cavity was

long but much contracted—the placenta was not yet attached, was about 7 or 8 inches long, and very slender, $\frac{1}{2}$ to $\frac{3}{4}$ of an inch thick, and from 1 to 2 inches wide; it was lying loose in the cavity of the womb, which latter did not seem capable, owing to its enormously thickened condition, of any further contraction, by which alone the placenta could be detached and thrown off.

Some adhesions existed between the posterior surface of the womb, and the large intestines—otherwise the abdominal viscera were perfectly healthy. The uterus weighed $9\frac{3}{4}$ lbs.

As the entire womb was affected more or less, and as it had many of the internal and external characters of health, the diseased developement was probably the result of perverted action of the uterine lymphatics.

It did not appear that death was in any way connected with the retention of the placenta

The patient might have lived longer, possibly some years, had she not become pregnant, and she *might* not have died, neither been confined, quite so early, had the tumor not been punctured; though in any event life could not have been protracted long.

Cure of Diabetes Mellitus.—By Dr. Zipfeli.—The diabetes here mentioned was cured in the short space of three months and a few days by the use of cod-liver oil in full doses, and conjoined with a diet of animal food.—(*Gaz. Med.*)

Observation.—“A journalist, 25 years old, entered the hospital to be treated for the itch. It was discovered that he had diabetes since the previous September. Two or three spoonfuls of cod-liver oil, a day, were first prescribed, to be increased *ad libitum*. The patient grew so fond of the remedy that he consumed about a half pound of it in two days. On the 30th of May, 1854, he was able to leave the hospital, entirely cured; he had regained his flesh and there was no trace of sugar in his urine; in all, he took thirteen pounds (*litres*) of the oil. It is possible that the rapidity of the cure in this case was owing to the fact that the diabetes was recent. On the other hand, the patient was a very poor man, who lived in the midst of privations and was a brandy drinker; the good diet upon which he was placed in the hospital, without doubt contributed greatly to his recovery.—*Gaz. Med.*”

ARTICLE VIII.—*The Pathology of Fevers; or Observations Critical and Experimental, in reference to the nature, varieties, causes, and treatment of Fevers.* By N. S. DAVIS, M. D., Prof. of Principles and Practice of Medicine, and Clinical Medicine; in Rush Med. College; Member of American Med. Association, &c., &c.

CAUSES OF FEVER, (*Continued from July Number.*)

THE facts adduced in regard to the amount and kind of matter eliminated from the skin and lungs, are abundantly sufficient to demonstrate the great importance of these matters as direct exciting causes of disease. As such, they are operative, not merely in the narrow alleys, and crowded streets of our large cities, but often also in the most thinly populated rural districts. We are so accustomed to associate together the ideas of *pure air* and a *country residence*, that we are liable to overlook the most prominent instances of impurity, provided they be located in the country districts. On a careful examination, however, it will be found that throughout most of the rural districts of our country, the sleeping apartments are very small, and often provided with very inadequate means for ventilation.

The farm houses generally are low between floors, and a large proportion of bed-rooms only *nine* by *twelve* feet or less. The chambers, especially, in which most of the hired help and the younger members of the family sleep, are often only *half a story* between the floor and the roof, with only small windows at the ends.

Let any one compare the actual capacity of such rooms with the amount of gaseous materials, impregnated with animal matter, which escape from the inmates during the hours of their occupancy, and after making all proper allowance for the degree of ventilation that actually exists, he will be forced to the conclusion that a large proportion of those who reside in the country, as well as those in the cities, habitually inhale during the night an atmosphere too impure to be consistent with the maintenance of good health. Persons thus situated during the night, generally rise in the morning with a feeling of languor and heaviness, that disappears only, after from one to two hours exposure in the open air; and they generally have much less relish for breakfast than for dinner or

supper.—The deleterious effects here described may not often be sufficient to induce a direct attack of fever or any other acute disease. But that they debilitate or depress the vital properties and elementary functions of the system to such an extent as to constitute a strong *predisposition* to such diseases, I have no doubt. About four years since, during the winter season, a series of religious meetings were held for many successive days and evenings, in a small, ill-ventilated school-house, about sixteen miles from this city. Much interest was felt by the families in the neighborhood and the house was crowded most of the time during the meetings. Before this season of religious revival ended, *pneumonia* accompanied by well-marked *typhoid* symptoms began to prevail among the people, and several cases terminated fatally. By direct inquiries at the time, it was ascertained that most of those attacked had been among the most constant attendants in the crowded meetings referred to; and among the fatal cases were some of the most promising young men of the neighborhood.

In referring to this, as an illustration of the effects of air rendered impure, by accumulated exhalations from the crowded assemblies, let no one infer that I object either to religious meetings, or even *revivals*.—They should be conducted, however, with proper regard to the laws of health. Late in the autumn of 1851, I was called into the country twelve miles, to visit the son of Mr. C., who I found dangerously ill with typhoid fever, complicated with disease of the lungs. Mr. C., though the owner of a large farm, situated on a wide rolling prairie, still lived in the old *log-house*, which had given him shelter when he first settled in the country. The body of the house furnished but one room, which served the purposes of kitchen, parlor, and dining-room for the whole family, and in one corner of which was placed a bed surrounded by curtains. In this the parents usually slept, but it was now occupied by the sick son. The rest of the family, numbering eight or nine persons, slept in the low chamber, ventilated only by a small window at each end.

Nearly all the members of the family were complaining of those feelings of indisposition, and that loss of appetite in the morning,

which was clearly traceable to the impurity of the air in which they slept. And I am satisfied that nothing but the modifying influences of habit and the free exposure to the air during the day, prevented them from all becoming sick with typhoid disease. That the vital properties of the human system are capable of becoming adapted, by repeated exposure, to the impressions of an atmosphere more or less impure, so far as to maintain the several functions in a condition compatible with fair health, I have no doubt. But that the standard of health in such cases is less perfect, and the vital properties less capable of resisting the influence of ordinary exciting causes of disease, is equally certain. Persons thus situated are consequently, in a strict sense, constantly more or less *predisposed* to disease; and more readily succumb under the influence of any of the more active morbid agents. This is illustrated during the prevalence of almost every epidemic disease. The efficient cause or causes of such diseases are generally conceded to act on whole communities at the same time. But the investigations of sanitary commissions and Boards of Health, as well as the experience of observing physicians every where, have clearly shown that those who live in such places as possess an atmosphere most confined, impure, and damp, are not only the first to suffer attacks, but in them the disease is much more likely to prove fatal. And yet even in such localities, and during the prevalence of typhoid fever, typhus, dysentery, and cholera, we may see the influence of habit or continued exposure; those who have been long residents in the same place being less liable to attacks than the new comers. It was long since shown by Louis, Chomel, and other eminent writers that a large proportion of the cases of typhoid fever occurring in Paris and other European cities, took place in those persons who had recently changed their residence from the rural districts to the city.

The same fact has been noticed in the cities of our own country. — During the last four years, I have kept a record of two hundred and fifty cases of typhoid fever, which have occurred under my own observation in this city. Of these, two hundred and five, or little more than four-fifths occurred in persons who had been less than one year residents in this city. Many of them

were young men from the rural districts of the middle and eastern States, accustomed to pure air and free out-of-doors exercise.

On coming to the city, they become occupied chiefly in shops, stores, and offices, take much less out-door exercise than formerly, sit up later in the evening, eat less regularly, and often patronize the *saloons* after the regular duties of the day are over, while the whole atmosphere of the city is less pure, and consequently less invigorating than that to which they had been previously accustomed. The atmosphere inhaled into the lungs constitutes at once the great excitator or stimulus, which, acting through the blood on the elementary susceptibility of all the tissues of the body, maintains their natural and healthy actions or functions, while on the other hand, it furnishes a medium in which is carried off a large amount of effete matter in the form of carbonic acid, water, and animalized substances. Hence every change in the atmosphere is liable to affect, not merely the properties or functions of a single organ, but of all the organs and tissues of the body.

If by increasing the density or other means, the quantity of oxygen in a given number of cubic-inches of inhaled air is increased, it is very probable that a greater amount would enter the blood, causing a more active excitation of all the tissues, a greater rapidity of organic or molecular change, and an exaltation of all the properties and functions of the system. Every individual feels something of this, whenever exposed to a dry, cool, and pure atmosphere. On the contrary, by diminishing the quantity of oxygen in a given quantity of inhaled air, exactly the reverse effect is induced. A less quantity of oxygen is absorbed; excitation is deficient, and consequently the molecular changes take place less rapidly. An individual in such a condition feels, mentally, listless and dull, and throughout the muscular system a sense of lassitude or indisposition to exertion is predominant. These effects may be experienced at any time by inhaling an atmosphere made very *rare* either by its high temperature or its altitude. If we examine the individual under such circumstances more carefully, we shall soon find that the diminished inhalation of oxygen has not merely diminished the tone and activity of the muscular and nervous tissues, but the same deficiency of the natural stimulus

or excitor in the blood has diminished the affinity of the blood for the cells of the various secreting structures. Hence at the same time that the patient becomes conscious of mental inactivity and muscular lassitude all the secretions are diminished, causing the skin to be more dry, the urine to be diminished in quantity, and generally a deeper color, the fœces to indicate deficient coloring matter of bile, while the loss of appetite or imperfect digestion of food generally shows deficient secretion of the gastric fluid.—The same altered affinity between the blood and the tissues, also impairs those molecular movements by which effete or waste particles are removed and new ones appropriated throughout all the tissues of the body. The former consequently accumulate more or less rapidly, until their presence excites a responsive action in some one of the eliminating organs through which they escape, mingled with the cutaneous, renal, or intestinal secretions; or failing in this, they act as irritants upon the elementary properties of the tissues, exalting the susceptibility and all the ordinary phenomena of febrile action.

It is thus, that a simple change in the constituents of the air we breathe, by lessening even in a slight degree the usual stimulus to the elementary properties of organized matter, may lead to the simultaneous disturbance of every function in the system. This disturbance may be so slight as to cause only temporary feeling of indisposition or absence of vigorous health, or it may be so great as to speedily develop a grave general fever. It is precisely this general disturbance, or more properly, general depression of all the functions arising from a diminution of the oxygen inhaled with a given number of cubic inches of atmospheric air that is felt in some degree by almost all persons when they remove from colder climates to warmer ones, and from rural districts to densely populated cities. The process of "acclimation," as it is called, is simply the period necessary for the elementary properties of the tissues, and consequently all the functions dependent on these properties, to become adapted to the impressions of an atmosphere different in its temperature, density or other conditions, from that to which the individual had been previously accustomed. If the difference in the atmospheric conditions is only slight, as is often

the case when the individual only removes from a country district into a city in the same latitude, the great majority will suffer so little that they require no attention. But ever here, if in addition to the influence of a moderate change in the conditions of the atmosphere, the individual after arriving in the city, enters upon a business which confines him more than usual within doors, and causes him to be more irregular in his habits of eating, drinking, and rest, these will constitute so many additional influences calculated to increase the depression of the vital properties and more certainly cause the functional disturbance to be sufficient to constitute disease. From much careful observation on this subject, I am fully satisfied that the chief causes which induce in so large a proportion of those young persons who resort to our cities either for study or business, attacks of typhoid or continued fever during the first year of their residence, are those just named. I am aware that Dr. Watson of London, and many others, strenuously contend that all our attacks of typhoid or common continued fever depend essentially upon some specific "fever poison;" which they are compelled to regard as existing almost everywhere, and at all seasons of the year, especially in cities, but which is capable of isolation or tangibility nowhere. I frankly confess that I can see neither good sense nor sound philosophy in calling to our aid a purely hypothetical agent, and making it play an important, almost protæan, part in the causation of disease when all the phenomena produced in connection with the sick can be fully explained by changes in the known elements and conditions around us. I do not deny the propriety, or even necessity of sometimes resorting to the supposition that agencies exist, not yet rendered tangible to us, and therefore hypothetical.

It may be necessary to infer the existence of a cause, merely from its *effects*; but I protest against doing this in all instances connected with medical science, where *effects* can be fairly accounted for by the influence of known agencies. That patients laboring under continued fever, either of the typhus or typhoid varieties, may sometimes evolve with the eliminations from their bodies, an animal poison, capable of generating the same disease in others may be quite true. But the supposition that such poison con-

stantly exists in the atmosphere of either city or country, and thereby constitutes the efficient cause of these diseases in all cases, is neither consonant with facts nor sound principles of induction.

On the contrary, a vast variety of facts might be accumulated, which show the direct connection of appreciable atmospheric conditions with the production of febrile diseases generally.

For instance, the symptoms already pointed out as the effects of habitual exposure to an atmosphere containing less oxygen in a given quantity of air than that in which the individual had previously lived, will be readily recognized as identical in kind, and and often in degree also, with those which are described by all authors as constituting the first, or forming stage of ordinary typhoid fever. It is not probable that this simple change in the constituents of the atmosphere, is alone generally sufficient to develop febrile disease, but it so far modifies the vital properties and lessens the activity of the primary functions of the system, as to constitute a decided *predisposition*, I have no doubt.

And while this predisposition, or altered state of the properties and functions exists, the influence of the same collateral, or exciting causes which prove nearly harmless to others, will in them determine the development of active disease. For instance, an old resident of the city, with vital properties fully adapted to the impressions of its atmosphere may frequently be up late at night, eat irregular, confine himself to his counting-room, or frequent crowded public rooms, with only slight inconvenience or temporary debility; while the same habits indulged in by one just removed from the more invigorating atmosphere of a rural district, would almost certainly produce decided feelings of indisposition and in a large proportion of cases, if persisted in, would develop a well marked attack of continued fever before the end of the first eight months. On the the other hand, if all such collateral disturbing influences are carefully avoided, probably in nineteen cases out of twenty, healthy individuals may change from the country to the city, or from a colder to a warmer climate, with no other inconvenience than a moderate degree of debility or feeling of indisposition which disappears in a few weeks; and which amidst the novelty and excitement of the change are often not noticed at all.

Aside from the influence exerted by changes in the temperature and density of the atmosphere, there are two other agents equally potent for good or evil, and equally capable of modifying the elementary properties and functions of the system. These agents are atmospheric electricity and moisture.

Experiment has long since shown that electricity possesses an excitor influence over nerve matter, so direct and powerful that many physiologists have regarded it as identical with nerve force. There is reason to believe, however, that its action is not limited entirely to the nerve tissue; but is exerted also on the elementary properties of all the tissues. Its influence in certain cases of retarded or suppressed menstruation, as well as its effects on capillary circulation generally, show it to possess an action not easily explained by any supposed modification of the nervous system or its influence. How much of the invigorating influence imparted by a cool and dry atmosphere, is owing to the electricity it contains, it is not possible in the present state of our knowledge to determine. There is still an open and inviting field for investigation. We want some inventive genius to furnish us with the instruments capable of indicating readily the exact electrical condition of the atmosphere at any and all times; and then we need a patient and continued series of recorded observations in regard to the prevalence and specific character of diseases, in comparison with the variations in the atmospheric electricity. Until within a few years the attention of physiologists has been confined almost wholly to the temperature of the atmosphere, and its admixture with vegetable or animal matters, the products of decomposition.

It is only within a very few years that reliable records of the variations in the quantity of aqueous vapor suspended in the atmosphere have been kept and examined in their etiological bearings. And we have a still smaller amount of reliable knowledge in regard the electrical conditions. Even the few facts we have on record in relation to this have been observed during some special prevalence of disease, and are unconnected with any similar records during periods of good public health, so as to admit of a just comparison.

SELECTIONS.

Foreign Correspondence of the New Hampshire Journal of Medicine.

BERLIN, May 22, 1855.

MY DEAR SIR:— I promised the readers of the Journal, in my first letter, to give some accounts of the facilities which the city of Berlin presents as a medical centre. A harder task could scarcely be chosen, for I find after having been here now more than a month, that I have not as yet become acquainted with one half the advantages which are afforded to the student of our profession.

It has become common in America, as you know, to regard Paris as the great medical capital of Europe. This is undoubtedly true, but I am convinced that the large German cities are, in this respect, greatly underrated. They are, to be sure, further from us and not so accessible from America. The German language is not so readily acquired as the French; and, more than all, our countrymen have, of late years, more and more fallen into the habit of going to Paris to complete a medical education. There is no question, however, but that Berlin, Vienna, and Prague will, in a very few years, become the resort of all who wish to pursue their studies, for a length of time, upon the continent.

The chief attractions of Berlin, in a medical point of view, are the public and private hospitals, and the lectures in the Royal University. The city itself, having a population of over four hundred thousand, affords abundant material to the student of every class of disease. The hospitals are immense, and among the best regulated in Europe, and the private and public clinics are unsurpassed in the world. A peculiar feature of this city is the great number of private institutions, devoted to special disease, to which the foreign student can obtain an easy access, if he desire it.

It so happened that the time of my arrival here was very fortunate. The summer's term, or semester of the University, had just opened, and the various courses of lectures had hardly commenced.

The method of study here, is in many respects widely different from the system adopted in America. There are none of those isolated medical schools, as with us, having at most seven or eight professors, and hardly able to subsist on account of the competi-

tion of other schools. The different professions are, -on the contrary, here all represented in the universities; the lectures are given simultaneously, and degrees are conferred at the same time in all. The number of professors in the Medical Faculty of the university at Berlin is forty, and the students are at liberty to attend the lectures of such as they prefer. Oftentimes, there are four or five courses upon the same subject going on at once.

This method has great advantages. The schools have greater influence upon the profession of the country. The facilities, which in our country, are divided around among a score of little institutions, are all concentrated in one place. The museums are larger, and there is a natural emulation among the professors to excel, as they thus obtain a greater number of students at their lectures. The students may, at the same place, hear the same topics illustrated by several men, and thus acquire a much more comprehensive view of his studies, than where he is obliged, to gain the same advantage, to go hundreds of miles to hear a different corps of professors.

The great advantage, however, of the European system is, that all of the Professors are resident. Many have their private hospitals or clinics, and the student of a specialty may carry his investigation as far as he chooses, and find an unlimited means of illustration. At his examination for a medical degree, however, all of the Professors take a part, and the student has his real knowledge tested far more severely, than when graduating fees, or rivalry between schools, are the elements of success.

Yet Berlin is no place for the foreign student to begin his studies. One needs the stimulant, which he receives from a comparison of the unusual facilities which are offered in European institutions, and the higher scale of learning here, with the thorough, though not so extensive course of instruction in our ordinary medical schools at home.

I can give the readers of the Journal no better idea of the extent of the course of study in Berlin, than the fact, that there are over eighty separate courses of instruction given by the professors, during the present term. There are lectures upon General and Special Surgery, Anatomy, Pathology, Obstetrics, Physiology and Therapeutics. Besides these, there are courses upon all of those collateral branches which are now as necessary to a thorough medical education as any of those ordinarily taught in our schools. There are those upon Forensic Medicine, the History of Medicine, Microscopy, Botany, Toxicology, Comparative Anatomy and Pharmacy.

Special courses of instruction are also given upon Diseases of the Ear and Eye—and the profession of Berlin is at the head of the world in this department—upon Diseases of Women and Chil-

dren, abdominal and cutaneous diseases, auscultation and percussion, and diseases of the brain.

Whenever it is possible to introduce practical instruction, this is done. Botanical excursions are made with students; they have an opportunity of performing all the operations of surgery upon the cadaver; lectures are given in the museums, in the dead houses attached to the hospital and in private laboratories. The lectures continue daily from six o'clock in the morning till eight at night, for eight months of the year. There are two terms annually, and the student, in pursuing a five or six years' course, can have an opportunity of gaining a practical knowledge of his profession, from the adjustment of a bandage to the diagnosis of a grave disease.

The two most prominent men in the Medical Faculty of Berlin are, probably, Langenbeck and Von Græfe. The former, the successor of Dieffenbach, as a surgeon, is second to no one in Europe, and his name is now quoted as the first surgical authority of Germany. The few American surgeons who have visited this city and made his acquaintance, will always remember the attentions with which he receives our countrymen, and the pleasure and instruction which his conversation and public clinics afford. In personal appearance, Prof. Langenbeck is altogether prepossessing. He is a slight built man, of about forty years, of a thoughtful countenance, and wearing the look of one who is constantly active but never exhausted. He speaks English perfectly, and often refers to the labors of English surgeons with evident admiration.

I was surprised to find him so well acquainted with the names and success of the distinguished men of his profession in America. While spending an evening lately at his beautiful residence in the Thier Garten, he took occasion to express himself in the warmest manner in regard to Drs. Pancoast, Mott, Carnochan, Mussey and Warren. He spoke of Mr Guthrie's first idea of chloroform, and the discovery of the application and advantage of ether in surgery, as entirely originating with us. He praised the success of our surgeons in many operations, in which those of Europe are quite unfortunate, and I remember his speaking, in particular, of the operations of his personal friend, Dr. Kimball of Lowell, in abdominal surgery, as being altogether unsurpassed upon the continent. Dr. Langenbeck has had but seven cases of ovarian tumor in which he has performed the long Cæsarian section, and five of these died of secondary Peritonitis. In none of them, was there any thing to counter-indicate the operation. Dr. L. thinks that the influence of climate is of great weight in the success or failure of this class of cases. It is worth a remark, that Dr. Langenbeck's uncle was successful in extirpating one uterus, but this was taken out below, and not by the abdominal section. He regards the celebrated case of Dr. Kimball as unprecedented in surgery.

Prof. Langenbeck is himself a cautious surgeon. In cancerous affection of the mamma, particularly, he is never in a hurry to operate till the disease is quite developed, and in all malignant cases, he refrains from too early a use of the knife. I mention this fact as interesting, when the profession is so eager to learn the opinions of the best surgeons upon these points.

The treatment of surgical diseases by Langenbeck is often original. In hernia humoralis, for example, although compression and the Iodine Ungent are used by him, his favorite remedy is the frequent introduction of a bougie into the urethra. He has had one or two cases, apparently of carcinoma of the testis, prove themselves to be non-malignant, by being thus entirely cured. In the military hospitals here, where this disease not unfrequently occurs in patients who have suffered from tedious rides on horseback, I am told that strapping the testicle tightly with strips of plaster, prepared with the addition of some resolvent medicine, succeeds admirably. The plan is very nearly the same as recommended in Mr. Fergusson's system of surgery, when the adhesive plaster is combined with the camphorated mercurial plaster.

The surgical clinics of Berlin are full of interest, and Langenbeck's in particular. This is attended by hundreds of the students from all parts of Europe, who are attracted by the fame which he has acquired, and by his skill in operating. He is at the head of the Royal Ophthalmic Institution here, and holds a clinic of two hours in length daily. I can give your readers no better idea of their character than by mentioning a few of the interesting cases. Each one was commented on for fifteen or twenty minutes by the Professor as it was presented before him.

1. Young lady; woke up three days since, with loss of movement in the right shoulder and great pain. There is now crepitation. Diagnosis; a chronic inflammation which has been going on sometime, and which now manifests itself. Treatment, by local counter irritation, tonics, and eventually passive motion. The result to be feared is, of course, ankylosis.

2. Hare lip in a child a few weeks old. Prof. Langenbeck adopts the principle which the London and Edinburgh surgeons are just now so zealously unholding, of operating in these cases as early as possible. He uses the common interrupted suture almost invariably.

3. Osteo sarcoma of the scapula. Removed by an operation.

4. Young man, 26 years old, whose right testicle is still contained in the inguinal canal. The patient objects to being operated upon.

5. Child with two thumbs on each hand; one removed at the desire of the mother.

6. Carcinoma in a woman of 63. From the left external labium,

one tumor is extracted as large as a pear, and a smaller one from each groin.

7. Child 2 years old. Clubbed hands. The tendons of the flexors at fault are cut, and an apparatus ordered.

8. Hydrocele in a middle aged man. Injected with diluted chloroform.

Chloroform, by the way, is used altogether as an anæsthetic agent in Berlin, and with few bad results. Langenbeck informs me, that although he has had several cases of deep asphyxia, he has had only one case of death, in his whole practice, from its use.

But I must draw this long letter to a conclusion. I will simply take leave of you and the readers of the Journal, in giving the details of a most singular case which has lately occurred to the distinguished man, of whom I have endeavored to convey a practical portrait. I have just been looking at the plates which represent it in the portfolio of Prof. L. The history of the case is simply this. The patient, a young lady, was suddenly affected by a suppression of her menstrual discharges, and soon after, several eruptive spots came out, first on one cheek and then on the other, and finally upon the nose. The eruption resembled lupus, but was evidently different. It destroyed the entire nasal organ. A new nose was formed from a flap taken from the forehead by the Taliacotian operation. The result was union by the first intention. *The menses reappeared at once after the operation*, and Dr. L. congratulated the lady upon this fact, as he thought that between the eruption and the suppression, he discovered a connection. But the menses again stopped; the eruption reappeared, and the new nose entirely sloughed off. The question of interest in the case is, of course, the nature of the eruption. N. E. G.

Hæmoptysis as a Sign of Tubercle; Curability of Consumption; Effect of Cod-Liver Oil, &c. (Under the care of Dr. Andrew Clark)

The value of hæmoptysis, as an indication of incurable tubercle and consumption, has been a medical question often debated, and this sign or symptom by itself perhaps a little overrated. The chances of pulmonary hemorrhage are, no doubt, increased by whatever tends to diminish the capacity of the chest, as in persons of different trades—tailors, dressmakers, etc.—with crooked spines. Again, in advanced consumption, with cavities, one is too often called upon to witness total destruction of lung tissue and hæmoptysis. In the present instance, however, we wish to speak of the popular and professional notion of phthisis following hæmoptysis as certain, so to speak, as a shadow its substance, and in such matters of every-day practice as signing a certificate of life insurance,

hæmoptysis is considered conclusive evidence against doing so. In a large number of cases where hæmoptysis occurs through life, the tendency is evidently towards tuberculosis; a certain proportion of cases probably go on to consumption, while the residue are cured. If, out of 500 cases, 100 or 200 escape, it becomes, an interesting question, what are the general conditions that lead to a cure?—what, on the other hand, are conditions to facilitate the inroads of consumption? It is instructive to compare the result at a general hospital, like the London Hospital or Guy's, and the result at Brompton. At the latter we find, on inquiry, that hæmoptysis takes a very formidable position indeed in the chapter of symptoms preceding tubercle; we find also that cod-liver oil, given in over-doses or in particular cases, has a very manifest tendency to produce hæmoptysis. Amenorrhœa, also, and heart disease, are often attended by this symptom. Leaving all these, however; out of the calculation, we have had reason to be more hopeful of the curability of consumption.

We have been singularly struck with the importance of this question, and with the practical value of the facts springing out of it, from observing the notes of cases, tables, and general results arrived at from the investigations of Dr. Andrew Clark, at the London Hospital. It appears that Dr. Clark entertains the opinion that phthisis of a limited kind is of much more frequent occurrence, and becomes much more frequently cured, than is ordinarily admitted or supposed. This opinion he conceives to be capable of demonstrative proof in three ways: first, by the results of a large number of post-mortem examinations conducted by himself, which show that in the bodies of patients dying from accident, or non-tubercular disease, obsolescent or healed tubercles are found in a very large per centage of cases; secondly, by showing that out of a given number of persons presenting themselves indiscriminately for relief at the London Hospital, many are found to have had hæmoptysis, and that of these a certain proportion has proceeded to the development of unequivocal phthisis, while another proportion has appeared to terminate in complete recovery from symptoms of pulmonary disease; thirdly, by showing that cases of limited chronic phthisis, proved by the presence of air vesicles and tubercular matter together in the sputum, as we have seen it, do not unfrequently proceed to arrestment of the general symptoms, suspension of the progress of the local pulmonary lesion, and subsequent cure.

There can be no doubt that a series of investigations in this threefold aspect, if allowed to their utmost ramifications, and conducted with minuteness and care, will lead to great practical good. In the meantime, without committing ourselves to any specific opinion upon all the questions mooted, we are desirous of comment-

ing upon the second aspect of Dr. Clark's investigations as one which is eminently practical, both in its relations to the disease itself in hospital wards, to the value of hæmoptysis in its bearings upon the signatures to life assurance, as we have already hinted.

In the second aspect of these investigations, Dr. Clark proceeds upon the opinion, that in all cases when hæmoptysis has occurred to the extent of an ounce in the absence of amenorrhœa, aneurism, heart disease, and ulcerated throat, tubercular matter is really present in the lungs. He holds the same opinion even when the hæmoptysis is to a much less amount, provided it be of frequent occurrence, uncomplicated with marked cough and any acute affection of the lung.

Dr. Clark then proceeds to show that, out of a given number of persons applying *indiscriminately* for relief at the London Hospital, and carefully examined relative to this poison, hæmoptysis will be found to have occurred in a large per centage; and that in these instances the hæmoptysis is followed in a certain number of cases by the induction of phthisis, and in a certain proportion by suspension of the symptoms accompanying it and ultimate recovery, and immunity from pulmonary disease. Having established the fact that hæmoptysis, preceded, accompanied, and followed by pulmonary symptoms, often disappears without the return of it or any signs of pulmonary lesion for years afterwards, and sometimes not at all, Dr. Clark then endeavors, as the object of greatest importance in the inquiry, to determine under what conditions this return to health takes place: to what extent, if at all, they can be superinduced by art; and with what amount of certainty we can predict in a given case, termination in recovery, or in phthisis.

We have not space to enter more fully into these details at present. We have pointed out the broad relations of the subject, and shall satisfy ourselves with abstracts of a case or two as types of those which hæmoptysis has not been followed by confirmed phthisis

J. B——, aged sixty-five, a laborer, short, spare, and bent, presented for dyspepsia, accompanied with depression and headache. He was delicate in youth, and considered to be "declined" at the age of three or four and twenty. At that time he had cough and expectoration, and frequently spat blood. He used to have pain in the left side, but particularly under the left scapula and about the shoulder. Never had dyspnœa, and never was confined to bed for any length of time. Was very temperate at that time, ate little, and took care of himself. Continued much in the same way for two or three years; was always much subject to colds, and frequently blistered for them. Afterwards began to be better, exposed himself to all weathers, lost his liability to colds, lived rather irregularly, worked hard, took beer and spirits as oc-

casion offered, and lost all note of his symptoms at about thirty, except one, which was pain or gnawing under the left scapula. When he has a cold now, he suffers from a pain in the chest, and has yellow expectoration. Does not often have cold, and for some years has only suffered from occasional bilious fits and rheumatism.

He has, at present, no distinct cough, and no dyspnoea : has a habit, however, of clearing his throat, and expectorates occasionally in the morning, vitreous-looking gelatinous masses, about the size of peas. The pain under the scapula has always recurred at intervals of from three to six months, and lasted variable periods. Left side of chest is flatter than right, and is found, by placing the hands under the axilla, not to fill so well. There is dullness on the left side, jerking respiration, and increased vocal resonance ; no rales ; around the dullness the lung sounds preternaturally clear, as also does the whole anterior surface of the right lung ; heart sounds healthy ; every part of chest thrills with the reverberation of the patient's voice.

We have room for the notes of only one other case, which is a significant and instructive one, but not occurring at the London Hospital :

Mr. B——, aged nineteen, tall, slim, with fair hair, blue eyes, large pupil, transparent skin, and long incurved nails, was seen, in 1846, when he presented all the symptoms of early phthisis. After a time he got better, and was lost sight of for some months. In 1847 he was seen again, and had hæmoptysis, followed by cough, expectoration, night sweats and wasting. No cavity could be made out, but the expectoration contained patches of air vesicles, which Dr. Clark has preserved. He again got a little better, and was moving about when he met with an accident—a fall—which was followed by the formation of an abscess on the upper and outer part of the thigh. The abscess was opened, discharged and continued to discharge a large quantity of matter. Under this exhausting discharge he was with difficulty supported. He became extremely emaciated, and almost helpless. At the same time a remarkable change was observed in the pulmonary symptoms. They began to abate from the day the abscess was opened, and ultimately disappeared entirely. Gradually he regained flesh and strength, and the pulmonary symptoms did not appear. In 1848 he appeared to have perfectly recovered ; but contraction having followed the obliteration of the abscess, he had left his former service and become a railway clerk.

On the 9th of November last, Dr. Clark met this patient accidentally at the Crystal Palace ; and so great, then, was the alteration in his appearance, that Dr. Clark failed at first to recognize him. He was unusually fat for so young a man—corpulent, in

fact, and robust looking. He declared himself to be in perfect health, and to have been so for some years. The pupils were still large, and the nails pink, long, and incurved.

Andral states that only in one instance in which hæmoptysis had occurred to him—and even then the immediate cause of death—had he ever found the substance of the lungs free from tubercles. Louis, we need hardly say, gives an equally fatal tendency in two thousand cases in which he made the inquiry, in later years, after the mode by Dr. Andrew Clark; but in eighty-seven private cases under his care, four in six had hæmoptysis.

Pinel gives a singular case of hæmoptysis in a female, which occurred regularly every month, the woman's monthly period, during forty-two years. It was originally caused by fright, and was always subsequently somewhat increased by strong mental excitement. When suspended for a month or two, the patient invariably suffered from intense headaches. She had unusually before the hæmoptysis a sensation of weight and uneasiness about the lumbar region and pelvis; soon followed by chilliness, lassitude, oppression at the chest, headache, and ultimately a distinct sensation of stinging or bubbling in the bronchial tubes and trachea; then, finally, sharp cough, and spitting of blood. The woman was fifty eight years of age when it stopped; she was stout and plump. What conditions here saved her from getting phthisis, like the patients of Andral or Louis, would be an interesting subject of speculating.

The older observers differ very materially as to the frequency of hemorrhage from the lungs in relation to tubercles. Hæmoptysis may precede tubercle for years, and years, even be almost forgotten, till the patient is reminded of it. The use of cod-liver oil, we believe, has very materially changed the rate of mortality and curability of phthisis of late years. Andral found in those dying of phthisis, in his time, that one in six had never hæmoptysis at all; in two in six the hæmoptysis appeared to mark the development of tubercle as a cause; in the remaining number or the half deaths in Paris from phthisis, it followed rather as a consequence from unequivocal phthisical disease, with diarrhoea and wasting, and a breaking up of the lungs into anfractuous sinuses and cavities.—*London Lancet.*

The Late Dr. Elisha Bartlett.

After a long illness, the issue of which has been but too plainly foreseen by all his friends, Dr. Elisha Bartlett has left us, regretted and honored throughout our whole land. His life has borne

fruits to science and done good service to his fellow men in various spheres of duty. While we trust that it may find a faithful chronicler in some one of those who have been near him in its more active periods, it will not be out of place to devote a brief space in our pages to his memory. Hardly any American physician was more widely known to his countrymen, or more favorably considered abroad, where his writings had carried his name. His personal graces were known to a less extensive circle of admiring friends, and yet his image is familiar to very many who have received his kind attentions, or listened to his instructions or been connected with him in the administration of public duties.

To them it is easy to recall his ever welcome and gracious presence. On his expanded forehead no one could fail to trace the impress of a large and calm intelligence. In the most open and beaming smile none could help feeling the warmth of a heart which was a seat of all generous and kindly affections. When he spoke, his tone were of singular softness, his thoughts came in chosen words, scholarlike yet unpretending, often playful, always full of lively expression, giving the idea of one that could be dangerously keen in his judgments, had he not kept his fastidiousness to himself, and his charity to sheathe the weakness of others. In familiar intercourse—and the writer of these paragraphs was once under the same roof with him for some months—no one could be more companionable and winning in all his ways. The little trials of life he took kindly, and cheerily, turning into pleasantries the petty inconveniences which a less thoroughly good-natured man would have fretted over. A man so full of life will rarely be found so gentle and quiet in all his ways. A man who could be so satirical must have been very kind-hearted to let the sharp edge of his intellect be turned towards his neighbors' weaknesses so seldom. None was less disposed to put on airs in any company; he was rather too modest in coming out than too forward, though a silver-tongued speaker, to whom multitudes were always ready to listen whenever he was forced or beguiled to open his lips in public. I have been told that a distinguished foreign visitor who went through the whole length and breadth of the land, said that of all the many welcomes he received, from statesmen renowned as orators, from men whose profession is eloquence, not one was so impressive and felicitous as that which was spoken by Dr. Bartlett, then Mayor of Lowell, our brother in the Silent Profession, which he graced with these unwonted accomplishments. All these are now but pleasant memories; many eyes will grow dim as they are recalled, and many hearts beat warmly over them; when these eyes are darkened, and these hearts are stilled, the image just feebly traced will be like the shadow of yesterday.

But this is not all our friend left after him. It is hardly

necessary here to refer to his public career as a magistrate. Yet this, though its results are less palpable to the public sense than those of scientific or literary labor, was in the highest degree honorable to his talent and integrity. Every man who has held manfully for any space any office in a system of government like ours, though the records of his doings may run through the spare fingers of history and sink into the sands, has done more and greater things than he can know—for no imagination can compass that future into which his courage and honesty shall enter as elements. To have left a high and cherished name after him in an officer so alien to his chosen pursuits and studies as the chief magistracy of a crowded city like Lowell, implies the possession of moral excellences as rare as the intellectual powers they accompanied. Had Dr. Bartlett fallen finally from his first love, and gone with his clear head and noble character and captivating oratory into the fatal passes of public life, it is paying our highest tribute to his virtues to say that he would certainly have been honored with the cross of high office, and at last with the crown of political martyrdom, the greatness of our civic wreaths in the time that are.

The same qualities that fitted him for a public speaker, naturally given him signal success as a teacher. Had he possessed nothing but his remarkable clearness and eloquence of language and elocution, he could hardly have failed to find a popular welcome. Medical culture is often carried on among us by a light easy system of top-dressing. The rake is a more frequent instrument than the spade in the hands of many who are thought successful in rising the great harvest of students, the results of which are every March threshed and winnowed and garnered in our various schools. Among these, by all the qualities that give currency to the popular lecturer, by a manner at once impressive and pleasing, a lucid order which kept the attention and intelligence of the slowest hearer, and the attractions of a personal character always esteemed and beloved by students, he might have been prominent. With such he is not to be counted. To accumulate without assimilating, to re-produce without enriching, to use rhetorical ornament to cover up the want of facts, to declaim instead of demonstrating, and to make all this pass current by an agreeable voice and easy confidence of manner; to do this is not difficult, and is both convenient and common. This was what Dr. Bartlett did not do. His courteous and guarded language hardly betrayed his estimate of the class of mental operatives that live by such services. But he has lent the sharpest rebuke of the tribe to which they belong, in the sincerity and severe truth of his own writings.

As an author, Dr. Bartlett is best known to the medical world by his *Treatise on Fevers*, and his *Essay on Medical Philosophy*. Few works not based upon long series of original observations

have obtained or merited the consideration of the first of these treatises. He had the art of sifting authorities and getting at their essential meaning which belongs to the lawyer. He had the breadth and fairness of mind which enabled him weigh and decide on the masses of evidence before him; the same qualities that find their fullest expression in the voice of an enlightened judiciary. All might not accept his conclusions, but all could see that he was thoroughly faithful and honest, as well as able. Thus, his work on Fevers remains not only a most valuable monograph on these diseases, but a model for all who would produce a digest, as the lawyer call it, of whatever authentic knowledge is acquired upon any great medical question.

The Treatise on the Philosophy of Medicine is a work of wider aim and covering a ground open to more subtle controversy. It is the abstract expression of that phase of truth practically illustrated in the admirable works of Louis and his disciples. Clear and logical as everything he wrote, irresistible, if accepted as the development of truth in one direction, it has been reproached with throwing out of sight the higher qualities of imagination and invention in their legitimate applications to science. It is only fair, perhaps, to say that perfectly as it evolves its own conclusions, it would be less open to charges of omission if a chapter such as he himself might well have supplied, had been added upon the action of the inventive mind in the discovery of truth. The reader who will refer to the forcible and elegant lecture of Prof. Henry J. Bigelow, entitled "Fragment of Medical Science and Art," will find this point fully unfolded and illustrated. Not the less is Dr. Bartlett's essay of permanent excellence, because in the close logical pursuit of his chain of propositions, he has seemed to exclude principles which under another aspect his own imaginative mind would have been the first to recognize.

Everywhere through his writing prevails that easy flow of language, that felicity of expression, that florid warmth when occasion offers, which commonly marks the prose of those who are born poets. Yet few suspected him of giving utterance in rhythmical shape to his thoughts or feelings. It was only when his failing limbs could bear him no longer, as conscious existence slowly retreated from their palsied nerves, that he revealed himself freely in this trust and tenderest form of expression. We knew that he was dying by slow degrees, and we heard from him from time to time, or saw him, always serene and always hopeful while hope could have a place in his earthly future. His work was done, done nobly and gracefully, the work of an honest citizen, of a revered teacher, of a wise thinker. When to the friends he had loved, there came as a farewell gift not a last effort of the learning and wisdom they had been thought to expect from him, but a

little book with a few songs in it, songs with his whole warm heart in them, they knew that his hour was come, and their tears fell fast as they read the loving thoughts that he had clothed in words of natural beauty and melody. The cluster of evening primroses had opened, and the night was close at hand.

No brief tribute like this can do more than show the feelings which its subject inspired in those who know him. He has left this earthly scene of his labors too early for friendship and for science, not for himself, ripe in every virtue and ready for wider spheres of knowledge; one of the "pure in heart," who look on the unveiled face of truth during their earthly pilgrimage, and who have the promise that they shall "see God" himself when they have reached its close.—O. W. H.—*Boston Med. & Sur. Journal*.

Glass Brushes for Applying Fluid Caustics.—It is desirable, in the use of any of the mineral acids as escharotics, that their strength should not be diminished by the employment of any material susceptible of being charred. A serious objection, therefore, lies against the use of wood, cotton-wood, lint, &c., all of which have been recommended for that purpose. Glass is by far the best material, being at once durable, cleanly, easy of use, and quite insusceptible of the action of the fluid. A glass rod, rounded at one end, and drawn to a fine point at the other, may be made to serve most purposes, one or the other extremity being employed according as it is wished to apply the acid over a large or small extent of surface. A few brushes, of different sizes, made of spun glass, are, however, yet more convenient. Those sold in the shops are much too large for most of the purposes mentioned in the above notice of the uses of the acid nitrate, and we have seen none which would exactly meet the required conditions, excepting those in use at the hospital for Skin Diseases. With a little glass tubing, of the thickness of a quill, a skein of spun glass, and a little sealing-wax, they may be inexpensively made by any one of ordinary ingenuity. The brush part is first made by uniting together with sealing-wax a tuft of the spun material, and is then introduced into the end of a tube, which has been either flattened out or brought nearly to point while heated. A little additional heat easily fixes the tuft in position, and by scissors it may then cut down to the requisite size.—*Med. Times and Gaz.*, January 6th, 1855.

Extripation of the Uterus.—Dr. Reiche states that he has extripated the entire uterus seven times; and in all cases the result was fatal. He, however, advocates the operation in cases of cancer

confined to the organ. He then describes the method of operating; this presents nothing calling for analysis. Partial extirpation he represents as a painful operation, but one free from danger. It is indicated in all degenerations limited to the neck of the uterus — *Brit. and For. Med. Chirurg. Rev.* April, 1854, from *Deutsche Klin.* 43. 1854.

BOOK NOTICES.

Proceedings of the Connecticut Medical Society for 1855.

THIS pamphlet shows a strong, quiet, comfortable sort of a profession in the "land of steady habits." There are some few contributions of scientific interest, but a large portion of the document is filled up with biography, lists of members, and other matters that concern not scientific progress; but the details of internal organization. The State Society of Connecticut does as well as those of other states, but we find one grave fault with the proceedings of nearly all these bodies.—There is nothing carried through in an energetic, comprehensive and effective manner, but the whole budget of "proceedings" is a medley consisting in the better part, of monographs by individual members, and in the less valuable portions, of local observations rendered worthless by the absence of any general system of co-operation, of puffs on dead members, of dry inaugural discourses, and of voluminous records of names, residences, motions, votes, by-laws, constitutions, etc. Much of this kind of matter, must of course come in, but the scientific part should be better elaborated, and the rest more condensed. Active medical men, have had a herculean labor in getting these Societies into a substantial existence: there now remains one thing more, and that is to get them properly at work. It is true, the bare existence of a state society is useful to the physicians who compose it, by promoting good feeling; but the organization should have a higher function. *It should do something.* Every state society ought to have not only a department of monographs, but also a scheme of connected observations, which shall settle the topography of diseases, and preserve to the world a yearly record of their medi-

cal statistics. Such materials collected in every State, would furnish matter for reference forever.

We notice that several societies have undertaken to establish meteorological observations. We suggest that this work, though important, is too difficult for any society to carry out over its whole territory, consequently it had better be confided to the care of the Smithsonian Institute, who will do it far more thoroughly, and from whose records, copies of observations can be obtained, either for the archives of the societies, or for the use of members who wish to develop the relations of climate and disease.

"Search out the secrets of Nature." The Annual Discourse before the Massachusetts Medical Society, at Springfield, June 27, 1855. By Augustus A. Gould, M. D.

This oration, from its style, appears to have been delivered before a popular audience, consequently it makes no pretensions to profundity. As a popular address it is well adapted to establish in the minds of an audience, sound and common sense views of their relations to their medical advisers. We gather from the address that the society gives zest to its meetings by a good, hearty, jovial supper, an excellent plan provided they avoid the extravagant, and otherwise objectionable revels, which formerly closed the sessions of the American Medical Association.

A Practical Treatise on the Diseases, Injuries and Malformations of the Urinary Bladder, the prostate Gland and the Urethra. By S. D. Gross, M. D., Prof. of Surgery, in the University of Louisville, &c., &c.; Second Edition, revised and much enlarged, with one hundred and eighty-four illustrations. Philadelphia: Blanchard & Lea, 1855.

Dr. Gross in the new edition of this work, has added upwards of two hundred pages of original matter. The author regrets that the size of the book is thereby increased for says he, "a large book is undoubtedly a great evil."

We cannot pretend to give a review of this work, although there is much of interest in its pages. The treatment as detailed in some of the cases we think open to criticism. Leeches, purgation,

cauterization, &c., are used unsparingly, and as we think in some cases where tonics instead of antiphlogistics are required.

The author thinks that puncture of the bladder is rarely necessary,—he having never performed it. In reference to this operation he says :

From what I have seen of retention of urine, I am satisfied that puncture of the bladder is rarely, if ever necessary. It is only in cases of extensive enlargement of the prostate gland, attended with great tenderness and swelling of the surrounding parts; in laceration of the urethra and infiltration of urine into the scrotum; and in deep-seated, impassible stricture, that the operation should ever be seriously thought of. All other forms of retention will, there is reason to believe, yield to the catheter, aided by time and by soothing measures. The celebrated Desault, indeed, used to maintain that puncture of the bladder was never necessary, on the ground that there was no case in which a skilful practitioner could not reach this organ with a catheter. During the eight years in which he held the rank of chief surgeon to the Hotel-Dieu, in Paris, he performed the operation only once, and that was soon after he took charge of the institution. It is true some of his cotemporaries have declared that he trusted too implicitly in his dexterity, and that he occasionally made a false passage; but this may have been a mere imputation, raised, without any just foundation, by his detractors. Be this as it may, no one, who has any experience on the subject, can doubt that the operation has often been performed unnecessarily, and that those who have most frequently executed it have been young men, little versed in the use of the catheter and bougie. The late Mr. Liston, whose experience in the treatment of urinary affections must have been very extensive, states that he never punctured the bladder but once.

We have recently had occasion to puncture the bladder above the pubes. The details of the case, we may report at some future time. The operation has been followed by no unfavorable symptoms. From the statistics of Mons. Mondiere, it appears that of nine cases of puncture in the perineum the operation was successful in six; of twenty-eight cases of recto-vesical, nineteen were successful, while of fifty-five cases of supra-pubic, forty-nine were attended with success. From the same table it appears that the recto-vesical puncture is less fatal, although more likely to result in fistulæ, infiltration and abscess.

The chapter on urinary deposits is very meager and unsatisfactory.

The subjects of calculus and structure are treated at length. In the appendix is a chapter on the prevalence of calculous disorders in the United States and Canada. The statistics of this affections are, valuable as it is only from a knowledge of the soil, climate, habits, food, and drinks. connected with this disorder that we can learn any thing of its etiology.

The work does honor to the author for his industry and energy.

For sale by Keen and Lee.

J.

Report of the Executive Committee of the American Temperance Union, 1855.

A pamphlet of forty pages containing much valuable information respecting the present condition of the liquor struggle in New York and in other states. It gives in full the N. Y. liquor law, and also sundry legal opinions upon it.

The Indiana Journal of Medicine and Surgery. J. Jockson, M. D., T. W. Forshee, M. D., Editors : July, 1855.-Terms two dollars per annum in advance ; Madison, Ind.

It seems that an effort is again being made to nurse into life an Indiana Journal. Success to it, may it live longer than its predecessor. The number before us is creditable in matter, although rather inferior in style.

EDITORIAL.

Homœopathy.—In the August number, we inserted an article from a correspondent on this trite subject. We gave it a place, *first*, because it very fairly represented the leading doctrines of that *pathy*, as they were originally promulgated by Hahnemann and his immediate followers. Second, because it will enable those of our readers who are familiar with homœopathic practice at the present day, to judge how far it deviates from the original theories

and practices of that sect. And third, because it would furnish an occasion for some remarks of our own, which may not *be* wholly unprofitable to the reader.

As our correspondent states, Homœopathy, as promulgated by Hahnemann and his followers, was based on two fundamental and distinct propositions, both of which were claimed as essential to the system. The first was, that "like cures like," or *similia similibus curantur*; and the second, that the curative powers of medicines increase in a direct ratio with their dilution or attenuation, and consequently that none but *infinitesimal* doses are proper in the treatment of disease. The first of these propositions was not original with Hahnemann, nor with the sect called Homœopathists. The second was, however, and it was his bold and pertinacious promulgation of that idea, coupled with an unsparing denunciation of all who did not assent to its correctness, which led to his separation from the regular profession. So essential was this doctrine of *infinitesimal doses* considered, that nearly all the controversy that resulted from the first introduction of the system into practice was had in relation to it, while the first named proposition, *similia similibus curantur*, attracted comparatively little attention. And our correspondent states truly when he asserts, that by the early and eminent of the Homœopathic sect, the *thirtieth* dilution or attenuation was considered the lowest that ought to be used in practice. But a very few extracts from the writings of living members of the sect, will show how far they have fallen from the high *spiritual* position of their original leaders. Thus Dr. B. F. Bowers of New York, in an article published in the *Homœopathic Examiner*, says: "He who takes as his guide in practice, the law, *like cures like*, whether he *gives much or little medicine, large or small doses*, is in principle a homœopathist, while he who rejects this law rejects homœopathy. Those persons who confound homœopathy with infinitesimal doses overlook an obvious distinction."—Again the same writer says: "Every homœopathist will agree, that the dose *must be large enough* to produce the required effect; more than this is at least unnecessary; and may be injurious. What is a suitable dose must be left to the enlightened judgement and experience of the practitioner." This

amounts to a full surrender of one of the most prominent and cardinal doctrines of the original homœopathic school. The language is: "*The dose must be large enough to produce the required effect;*" thus coming directly back to the common sense of the regular profession. Nor is it in theory alone that the greater number of the homœopaths in this country have abandoned the infinitesimal doses. In looking over their journals, wherever prescriptions are given in detail, they very rarely go beyond the sixth dilution, and in a large proportion of the cases it ranges from the first to the third. Thus, in a late number of the *Chicago Homœopath*, for a slight case of Chorea, we find the following: "Prescribed Cuprum Aceticum, 3d, *two grains* every morning, an hour after breakfast, with fresh air and exercise." And again, for a case of simple hoarseness or partial aphonia, "Prescribed Phosphorus, 6th, four pills three times a day." Here is no putting a pellet of the 30th attenuation into a tumbler of distilled water, and allowing the patient to take a teaspoonful once in 24 or 48 hours; nor the putting of a drop of the 60th dilution into an ounce of water, and directing the patient to *smell* it once or twice a day, as was practiced by Hahnemann and his immediate followers.

The inference from all this, and much more that might be adduced, is very plain and pregnant with meaning. It is, that the proposition to increase the *power* of medicine by diminishing the dose to *infinitesimality* is virtually abandoned both in theory and practice. And any homœopathist may give "much or little medicine, large or small doses," as his "judgment and experience may dictate." Then there is nothing left of homœopathy but the pretended law, "*like cures like.*" And as the selection of remedies in accordance with this proposition depends entirely on the judgment or fancy of each individual practitioner, it is obvious that, while adhering to the name of Homœopathy and making a show of sugar pellets, they are practically owing what success they do have to the use of ordinary remedies in not *very* attenuated doses. For, if the principle, "*like cures like*" will sanction the prescription of phosphorus for aphonia, and acetate of copper for chorea, there is no active principle in the *materia medica* that

may not be prescribed for any given disease. There is one error that homœopathists most industriously propagate in the public mind, viz., that the only reason why their system, as they style it, is not universally adopted is, because the old, "hunkerish propensities and prejudices" of the regular profession will not allow the members to investigate its merits. Now every decently intelligent homœopathist in the country knows full well that their system was most carefully investigated, both theoretically and practically, by members of the most learned medical societies in the world. That committees were appointed on it, particular patients in hospitals assigned for its practical application, and patient, detailed reports made; all of which only proved the system, as promulgated by Hahnemann, with its *infinitesimal* principle attached, entirely inefficient in practice and unworthy of further attention. And besides these public investigations, it is probable that for ten years after the first promulgation of the speculations of Hahnemann, very few intelligent physicians failed to put his fancies to the test of practical application, more or less. I remember full well that I tried it on more than one case of chronic disease, and patiently for many weeks tested the virtues of medicines on myself, strictly according to the directions of the great lights of the system. Refuse to investigate! why, does anybody suppose that physicians are such fools that they would pay out \$100 per annum, perhaps, for quinine to use in their practice, if by any process of division, dilution or attenuation of doses, they could make *one dollar's* worth last all the year? But let our homœopathic friends continue to progress in the same direction a few years longer, and they will scarcely acknowledge more obedience to the absurd proposition, "like cures like," than they now do to the original *infinitesimal* humbug of their great founder.

D.

Medical Department University of Michigan and the Peninsular Journal.

IN the May No. of this journal, we inserted a paragraph, simply pointing out what we deemed an unwarrantable assumption of *superiority* in the system of instruction given in the Medical Department of the University of Michigan, as set forth by the editor

of the Peninsular Journal, Prof. A. B. Palmer. If our readers will turn to that number of the Journal, they will see that neither in the paragraph alluded to, nor in the whole article of which it was a part, did we say one unkind word in regard to the Ann Arbor school, or make the least comparison between it and any other school of medicine. And yet it has served to call out from Dr. Palmer *seven* pages in the July number of the Peninsular Journal. The first page and a half of this is made up of comments on confidence in the intelligence of the people of Michigan; another page is devoted to the benevolent work of informing his readers who the senior editor of this Journal is, what he has done heretofore, and what are his present personal relations to medical schools, reforms, etc.; while the remaining four pages and a half are devoted more particularly to the subject under consideration.

With the first part of Dr. Palmer's article we have nothing to do. The second, if it has any object or purpose, it is to lessen the confidence of his readers in my own personal and professional character,—a motive unworthy of an honorable rival and much more of a personal friend. We shall therefore pass it also in silence, leaving the author to gather all the gratification from it which his conscience will allow. The third division of his article however, shall receive all the attention its merits demand. And for this purpose our readers will pardon us for taking the time and space to call up a few items in the history of the past.

In the March or April number of the Peninsular Journal, its senior editor, who is also a professor in the Medical Department of the University of Michigan, devoted several pages to a notice of Dr. Cabell's Report on Medical Education, prepared for the Annual Meeting of the American Medical Association held in May, 1853. In doing so, he brought prominently before his readers such parts of the report as would appear most favorable to the course pursued by the medical faculty of the school of which he was a member. Of this we made no complaint; but he went further, and expressed his pride in the following language: "*We are proud that the Medical Department of the University of Michigan is so far in advance of almost every other school in the country, in the cause of reform herein so ably pointed out.*"

This, if it meant anything, most clearly meant to convey the impression to his readers, that in its course of instruction and standard of requirements, the Medical Department of the University of Michigan was "far in advance" of all the other medical schools. It was this that we characterized as an "arrogant flourish" and a "baseless pretension." This was our plain, direct accusation, and the editor of the Peninsular Journal, instead of adducing proof that the accusation was unfounded, declares himself "pained" and surprised, and then dodges the whole question by getting up a most unfair and partial comparison between the requirements of the Michigan University and Rush Medical College.

Now we propose, first, to prove our original accusation to be *literally true*; and second, to show that in Dr. Palmer's pretended comparison of the two schools, he has been most unfair and unmanly. That our readers may be able to judge for themselves whether the Michigan school "*is so far in advance of almost every other school*," in the cause of reform so ably pointed out by Dr. Cabell, or not, we will quote a summary of his views in his own language, as follows:

"Your Committee beg leave, in conclusion, to submit to your consideration the following resolutions, as a summary of the principle views embodied in the foregoing Report.

"1. *Resolved*, That the views and recommendations heretofore expressed by this Association, respecting the importance of establishing a uniform standard of preliminary education, of extending the term of lectures, and especially of greatly elevating the standard of professional attainments requisite to graduation, be hereby reaffirmed.

"2. *Resolved*, That this Association approves and recommends the practice of daily examinations by each professor, as essential for securing 'that active, practical discipline' of the mind which is one of the most important ends of collegiate instruction; and believes, not only that such a system might be easily put into operation, under an extension of the term of lectures, but that the whole ground-work of elementary medical instruction might be most advantageously assigned to the schools which may adopt that system, as a substitute for the very faulty one of private office instruction now in common use.

"3. *Resolved*, That this Association cordially approves of the establishment of "private schools" duly organized for giving that species of instruction which consists 'in demonstrations' and other practical exercises 'on the part of the student, instead of

the instructor, but still under his direction and superintendence,' embracing the whole circle of clinical observation and practice, the use of the microscope, chemical manipulations, and the performance of surgical operations on the dead body; and it would earnestly recommend such institutions to the patronage of those graduates who did not enjoy similar advantages during the period of their collegiate pupilage.

"4 *Resolved*, That those medical colleges whose curriculum does not now include full courses of lectures on physiology and medical jurisprudence, be earnestly invited to make immediate provision for supplying the deficiency, and to require the professor of physiology to make an exposition of the outlines of comparative anatomy, to such extent, at least, as may be necessary to enable the student to appreciate the force of the evidence upon which the modern doctrines of physiology mainly rest."

Here we have a "summary" of Dr. Cabell's views in his own words; but to comprehend their full bearing we must go back to those previous recommendations of the Association, which Dr. Cabell in his first resolution proposes to have *re-affirmed*.

These may be found in the volumes of transactions of the Association for the years 1847-49-53; and are as follows, viz.:

"*Resolved*, 1. That it be recommended to all the colleges to extend the period employed in lecturing, from four to six months.

"2. That no student shall become a candidate for the degree of M.D., unless he shall have devoted *three entire years to the study of medicine*, including the time allotted to attendance on lectures.

"3. That the candidate shall have attended two full courses of lectures, that he shall be twenty-one years of age, and in all cases shall produce the certificate of his preceptor, to prove when he commenced his studies.

"4. That the certificate of no preceptor shall be received who is avowedly and notoriously an irregular practitioner, whether he shall possess the degree of M.D. or not.

"5. That the several branches of medical education already named in the body of this report, be taught in all the colleges, and that the *number of professors be increased to seven*.

"6. That it be required of candidates that they *shall have steadily devoted three months to dissections*.

"7. That it is incumbent upon preceptors to avail themselves of every opportunity to impart clinical instruction to their pupils; and upon *medical colleges to require candidates for graduation to show that they have attended on hospital practice for one session*, whenever it can be accomplished, for the advancement of the same end."

"*Resolved*, That the Association *does not sanction or recognize* 'college clinics' as *substitutes* for *hospital clinical instruction*; and *that the medical colleges be again advised to insist*, in all instances where it was practicable, on the regular attendance of their pupils, *during a period of six months, upon the treatment of patients in a properly conducted hospital*, or other suitable institution devoted to the reception and cure of the sick."

"*Resolved*, That in the opinion of this Association, a familiar knowledge of the elements of medical science should precede clinical instruction.

"*Resolved*, That in order to accomplish the latter, the hospitals, when they shall be elevated to the rank of schools of practice, and the intelligent private preceptor, are the most effectual instrumentalities to be employed."

It is proper here to remark that neither the report of Dr. Cabell, nor the "summary" embodied in the resolutions quoted from him, were ever read to or in anywise adopted by the Association; and they consequently stand on the pages of the transactions merely as the sentiments of their author. All the other resolutions quoted, however, were fully presented and *adopted* by that body. Now, let us see wherein the Michigan University is "*so far in advance*" of other respectable schools, in regard to the requirements and recommendations above fully and fairly quoted.

On a careful examination, the reader will find the only recommendations contained in the resolutions of Dr. Cabell, and not specifically contained in the other resolutions previously adopted by the Association, are first, "the practice of daily *examinations* by each professor;" and secondly, the establishment of "Private Schools" for certain specified purposes.

In regard to the first of these—the daily examinations by each professor—Dr. Palmer, with quite as little regard for truth as modesty, makes the following assertion, viz.: "This is only done in a partial and limited manner in Rush Medical College, and by only a part of the professors." Now we happen to know that *every* professor in the faculty of Rush Medical College, and also in a large number of other colleges in this country, *does* make it a rule to practice daily examinations of the classes in their several institutions. And hence, if his assertion to the contrary is not another "*arrogant flourish*," it certainly is not remarkable for its

modesty; and until we have some other proof of their superior *advancement* in this particular than his interested assertion, the profession will know how much importance to attach to it. The other recommendation in regard to the establishment of private schools, is conceded to have no bearing on the present controversy. Having disposed of what is peculiar in the resolutions of Dr. Cabell, let us inquire concerning the *advance* or superiority of the Michigan school in the adoption of all the other measures specifically recommended by the American Medical Association itself. They are all essentially included, so far as Medical Colleges are concerned, in the seven resolves quoted and numbered above. And that our readers may again judge for themselves we will again quote the exact requirements of the Michigan school, not as *amplified* by Dr. Palmer in his editorial, but as published in their recent annual announcement for 1855.

They are as follows, viz.: "Each candidate for admission must be provided with satisfactory evidence of good moral character; and, if a candidate for graduation, also of such literary attainments as have been recommended by the American Medical Association. To be admitted to the degree of Doctor of Medicine, the student must exhibit evidence of having pursued the study of medicine and surgery for the term of three years with some respectable practitioner of medicine, (including lecture terms), must have attended two full courses of lectures, the last of which must have been in the college of Medicine and Surgery of the University of Michigan, and the previous one in this or some other respectable Medical Institution; must have been engaged in the study of practical Anatomy; must be twenty-one years of age, must have submitted to the Faculty a Thesis, composed and written by himself, on some medical topic, and have passed an examination at the close of the term, satisfactory to the Faculty. To encourage a higher grade of preliminary acquirement, an allowance of *one year* from the term of study is made in favor of graduates of the College of Science and Arts, and of other respectable Literary Colleges. Four years of respectable practice is *received in lieu* of one course of lectures. Each candidate for graduation must so announce himself at the commencement of his

second course, and must be examined in anatomy, physiology, materia medica, and chemistry. He is also required to write and defend a medical essay once in two weeks."

Here, instead of requiring the devotion of "three entire years to the study of medicine," as recommended in the second resolve quoted above, is a provision for conferring the degree of Doctor of Medicine *after only two years study*; instead of requiring in all cases attendance on "two full courses of lectures," as recommended in the third resolve, we have provision for admitting certain candidates after attendance on only *one course*; instead of having *seven* acting Professors in their Faculty, as recommended in the fifth resolve, they have only *six*; instead of requiring their candidates to devote "three months to dissections," as recommended in the sixth resolve, they simply say "he must have been engaged in the study of Practical Anatomy;" and finally, instead of requiring attendance "on *hospital practice*, for *one session*," as recommended in the *seventh* resolve, they are either entirely silent on the subject or graciously tell their classes, that they must depend for this important part of medical instruction on the practitioners of the *rural* districts. Thus we find by direct comparison, that the Medical Department of the University of Michigan, either completely or partially fails to comply with *five* out of the *seven* formally established recommendations of the American Medical Association; recommendations too, which Dr. Cabell, himself wished to have "*reaffirmed*."

And yet with all these glaring delinquencies, the Faculty of that school have lost no opportunity to impress upon the profession the idea that they had fully adopted the course of instruction and the requisitions recommended by the Association. Thus in their annual announcement for the session of 1852-3, they declare that; "The *peculiar* position of the College of Medicine and Surgery of the University of Michigan, is such that it has been *enabled fully to comply with the demands of the profession*," &c.

The same impression is sought to be made by Dr. Z. Pitcher, an emeritus professor in the same school, in his report on Medical education, read to the American Medical Association, in May 1853, in which he uses the following language: "By the medi-

cal faculty of the University, all candidates for the degree of M. D., are rigidly required to comply with the conditions of the National Medical Association, except attendance on hospital cliniques," &c. And at the same meeting of the Association, Dr. Palmer, himself *seconded*, with his accustomed *modesty*, and strongly urged the adoption of a resolution specially endorsing and commending the medical department of their University. But finding a continuance of the discussion likely to bring before the association some of their important deficiencies, the resolution was withdrawn. They were not content, however, to stop here. For at the last annual meeting of the Association the same Dr. Palmer, procured the introduction by Dr. Atlee, of Pa., of resolutions condemning any attempt to introduce a chair of Homœopathy into regular schools of Medicine. The resolutions were right enough and were adopted. But on them Dr. Palmer made a speech in defence of his favorite University, in which, as reported by himself, we find the following language, viz.: "an institution which had sought to comply with the recommendations of this body." And again: "The founders of the medical department of the University of Michigan, sought in its organization to follow your directions," &c. Now let the reader compare these repeated claims to a compliance with the important recommendations of the National Association, and these well studied efforts to procure from that body some special endorsement, with their actual *requirements*, as quoted directly from their last annual announcement, and then judge whether our charge of "arrogant flourishes" and "baseless pretensions," was well founded or not. It is true that they have adopted a *long* lecture term. But so has one of the Medical Colleges in Virginia; so has the Medical department of the University of Pennsylvania; so has the College of Physicians and Surgeons of New-York, and some others. And hence they have no valid claim to being "*far in advance* of almost every other school," in this respect. All they have left in the whole list of their requisition, on which they can rest a claim of *advancement*, may be seen in the first and last paragraphs of their requirements, as quoted above. The first declares that candidates for graduation "must be provided with satisfactory

evidence of such literary attainments as have been recommended by the American Medical Association ;" and the last that they "must write and defend a Medical Essay once in two weeks." This latter, as explained in the article of Dr. Palmer, seems to be a kind of primary school exercise in the art of writing *compositions*.

When we put along side of these imperfect requirements in regard to literary attainments, their provision for deducting *one third* from the usual period of Medical study ; for dispensing in some cases with *one course* of lectures ; and their failure to exact attendance, at least, one term on practical dissections and hospital clinical instruction, we are forcibly reminded of a certain class in ancient times, who "paid tithes of mint and cummin and anise," but "neglected the weightier matters of the law," &c. Here we would willingly leave this subject, had not Dr. Palmer in his effort to escape from the charge of having made "baseless pretensions," instituted a most unfair and uncalled for comparison between the requisitions of the Michigan University and those of Rush Medical College. In making this comparison he is careful to state fully, and even to *amplify*, all the requirements of the school with which he is connected at Ann Arbor, enumerating the *certificates* of term of study, preliminary education, moral character, theses, examinations, &c., &c. ; and in immediate contrast with them, instead of quoting the requisitions of Rush Medical College, as published in its annual announcement and rigidly enforced by its faculty ; he places nothing but the following extraordinary paragraph, viz. : "That Institution (Rush Med. College) admits to the graduating class all who have studied the usual time, attended two courses of lectures of sixteen weeks, and who writes and hands in a thesis, which is seldom, perhaps, read—never by the student before the faculty or class " We called this an extraordinary paragraph, and it certainly is so, for it violates the rules of *grammar*—sets at nought the common courtesies of life—and in the position in which it was placed by its author, it conveys the most glaring falsehoods.

The broad assertion here made, that the Faculty of Rush Medical College admits to her graduating class all who have simply

studied the usual time, attended two courses of lectures, and have written and handed in a thesis, leaves the reader to infer, as a matter of course, that no attention is paid to evidence or certificates of age, moral character, term of study, place of previous attendance on lectures, &c., &c.,—an inference which Dr. Palmer knows to be utterly false. And yet, if he did not *wish* such an erroneous inference to be drawn by his readers, why did he not quote our requirements in full, as he did those of the school with which he was himself connected. Had he done so fairly and honorably, his readers would have seen, that, instead of failing to comply with *five* out of the *seven* specific recommodations of the American Medical Association in regard to Medical Colleges, Rush Medical College falls short in only *two*, namely, the length of the lecture term and the permission of four years practice to take the place of one course of lectures. If by the foregoing observations our friend, the editor of the *Peninsular Journal*, finds himself and the school with which he is connected, placed before the profession in no enviable light, he may blame no one but himself and his colleagues. Placed in a school richly endowed by the State, and paid fixed salaries wholly independent of their classes; the profession had a right to expect that they would take a high and firm stand in the cause of Medical Education; demanding in *all cases* the full period of Medical Study; attendance on at least *two* courses of lectures; and a full compliance with the recommendations of the profession in regard to literary attainments, personal attention to dissections, and to clinical instruction. How they have answered these just expectations the reader can judge from the facts and records already adduced.

Fee Bill.—The following rate of charges or *fee bill*, having reference simply to the more common items of practice, was agreed upon by the Cook County Medical Society in April last, and it has since been approved and signed by nearly all of the active Practitioners in the city. It is an advance of about fifty per cent. on the former rates of charging; and is by no means

equal to the advance in the expense of living in this city. During the last three years, for instance, both house-rent and house-keeping have doubled; and the prices of almost everything else have increased in like proportion. Under such circumstances, at the former rate of charging, it was found that it required all the proceeds of a full and laborious practice to give the physician and his family a comfortable support, without accumulating for him fifty dollars annually. Hence the profession of the city has done only a simple act of justice to its own faithful and hard-working members by adopting the rates that follow, viz.:

1st.	For ordinary visits in the day-time,	- -	\$1,50
2d.	" Night visits, (from 10 o'clock, P.M., to 6 A.M.)		3,00
3d.	" Consultation visit, from	- -	5,00 to 15,00
4th.	" Subsequent Consultation, visit to same patient,	- - - -	2,00 to 3,00
5th.	" Physical Examination, chest, &c., from		3,00 to 5,00
6th.	" Attendance on Obstetrical cases,	"	10,00 to 20,00
	" Use of Instruments in addition,	"	5,00 to 20,00
7th.	" Vaccination in the office,	- - -	1,00
	" do. at the patient's residence in addition to the usual charge for visit 50 cts. for each person vaccinated.		
8th.	" Attendance on Small Pox cases per visit,		2,00
9th.	" Visits in the country by private conveyance, per mile,		1,00

Obituary —Dr. James C Bliss died in this city on the 30th of July, after having endured great suffering from Neuralgia, supervening upon a complication of maladies, which resisted all medication. Dr. B. was eminent as a practitioner, estimable as a man, distinguished as a Christian philanthropist, and in all relations of life he sustained an exalted character. No man in the profession, of New York, will be more missed by his brethren, or more deplored by his patients than he. He was 65 years of age, but retained his habits of activity, industry, and punctuality, which were proverbial, until smote down by his last illness. Peace to his memory —*American Med. Gazette.*

MEDICAL COLLEGE OF OHIO.

SESSION OF 1855-56.

THE THIRTY-SIXTH ANNUAL COURSE OF LECTURES
 in this Institution, will commence on the 15th day of October, and continue until the last day of February.

FACULTY.—Thos. Wood, M.D., Prof. of Anatomy; J. A. Warder, M.D., Prof. of Chemistry and Toxicology; James Graham, M.D., Prof. of Materia Medica and Therapeutics; G. C. Blackman, M.D., Prof. of the Principles and Practice of Surgery and Clinical Surgery; John H. Tate, M.D., Prof. of Physiology, Hygiene and Medical Jurisprudence; N. T. Marshall, M.D., Prof. of Obstetrics and Diseases of Women and Children; S. G. Armor, M.D., Professor of Pathology and Practice of Medicine and Clinical Medicine; R. L. Rea, M.D., Demonstrator of Anatomy.

FEE for the Whole Course, \$92; Matriculation (paid only once) \$5; Hospital, \$5; Graduation, \$25; Demonstrator's Ticket, \$8; Board, \$2.50 to \$3.00 a week.

A Preliminary course free to all students, will commence on the 1st of October and continue until the commencement of the regular session.

Clinical Instruction by the Professors of Clinical Medicine and Surgery, will be given daily at the Commercial Hospital.

A Medical and Surgical Clinic has also been established in connection with the College, at which cases will be prescribed for, and operations performed, in presence of the Class.

Students may rely upon an abundant and prompt supply of MATERIAL.

Letters addressed to the Dean, or any member of the Faculty will be promptly answered.

Students on arriving in the city, can obtain further information by calling on the Dean or Janitor at the College, on 6th street, between Race and Vine.

S. G. ARMOR, M.D., Dean of the Faculty.

THOS. WOOD, M.D., Registrar.

PHILADELPHIA COLLEGE OF MEDICINE.

THE Winter Session will begin on Monday, October 8, 1855.

The Spring Session will open in March, 1856, and close in July.

Degrees are conferred in March and July.

FACULTY.

George Hewston, M.D., Prof. of Anatomy.

H. Howard Rand, M.D., Professor of Chemistry.

H. Hartshorne, M.D., Prof. of Institutes of Medicine.

James L. Tyson, M.D., Prof. of Materia Medica.

Isaac A. Pennypacker, M.D., Prof. of Practice of Medicine.

James Bryan, M.D., Prof. of Surgery.

Lewis D. Harlow, M.D., Professor of Midwifery, etc.

Joseph Parrish, M.D., Emeritus Prof. of Midwifery, etc.

FEES.—One Full Course, \$84; Perpetual Ticket, \$150; Matriculation, \$5; Graduation, \$30.

The students are examined daily by the Professors upon each branch. Advanced students are furnished gratuitously with the hospital ticket for one year, and have opportunities of attending cases in Medicine, Surgery and Midwifery, under care of the Professors.

For announcement or other information, address

B. HOWARD RAND, M.D., Dean,

At the College, 3d st., below Walnut.

STARLING MEDICAL COLLEGE.

SESSION OF 1855-56.

LECTURES.—The Lectures will commence on Wednesday, the 18th of October, and continue for twenty weeks, ending Tuesday, the 6th of March.

FACULTY.

S. M. Smith, M.D., Prof. of Theory and Practice, and Dean.
F. Carter, M.D., Prof. of Obstetrics and Diseases of Women and Children.

E. Moore, M.D., Professor of Surgery.

John Dawson, M.D., Prof. of General and Special Anatomy and Physiology.

J. W. Hamilton, M.D., Prof. of Materia Medica, Therapeutics and Medical Jurisprudence.

Theo. G. Wormley, M.D., Prof. of Chemistry.

S. Loving, M.D., Demonstrator of Anatomy.

FEES.—Tickets for all the Professors, \$60,00; Matriculation Ticket, \$3,00; Graduation Fee, \$20,00; Ticket for the privileges of the Dissecting Room, including the services of the Demonstrator, \$5,00.

Subjects for discussion in the building furnished at a moderate expense, on application to the Demonstrator of Anatomy and in no other way.

Inquiries and requests being sometimes made for indulgence in time, we propose to allow, in such cases, that a judgment note for \$65, with interest and approved security, payable in one year, may be taken. But our rule is, payment within the first three weeks of the session.

EXPENSES FOR A SINGLE SESSION.

Fees, including the Dissecting Ticket, \$68; Boarding, including lights and fuel, from \$2 to \$3 per week, for twenty weeks, \$40 to \$60.—

Total \$108 to \$128 00

There are three extensive Bookstores in Columbus, at which Medical works in great variety are sold at very low rates. Surgical, Obstetrical, and Dissecting Instruments are readily obtained.

S. M. SMITH, M. D., Dean.

Columbus, Ohio, Sept., 1855.

RECEIPTS FOR THE MONTH OF AUGUST.

ILLINOIS.

Drs. J. G. Brown \$2; A. G. Randall, \$2; A. M. Abbott, \$2; M. Davis, \$2; John Garrison, \$2; A. G. Porter, \$2; C. M. Robertson, \$2; T. S. Mills, \$2; J. G. Tilden, \$2; Wm. Hanly, \$2.

WISCONSIN.

E. G. Dyer, \$2; Rice & Clark, \$2.

INDIANA.

Drs. G. A. Armstrong, \$2; F. M. Denny, \$2.

IOWA

Drs. Ephraim Clifford, \$2; J. Doron, \$2;